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# Fax

<b>To:</b> Amendment/ Reply	<b>From:</b> Alishia Rowe-Babb
<b>Fax:</b> (571) 273-8300	<b>Pages:</b> __ (Includes fax cover page)
<b>Phone:</b>	<b>Date:</b> August __, 2005
<b>Re:</b> Serial No. 09/912,252	<b>CC:</b>

Case: 51876AUSM1

In re Application of: CROZE et al.

Serial No. 09/912,252

Filing Date: July 25, 2001

Items Faxed: Transmittal Form, Change Of Correspondence Address Application, and Response to Office Action Amendment/ Reply.

I hereby certify that this paper is being faxed to the office of Notice to File  
Missing Parts at facsimile (571) 273-8300 on August \_\_, 2005

  
Alishia L. Rowe-Babb

8-1-05  
Date of Signature



PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/12,252
	Filing Date	July 25, 2001
	First Named Inventor	CROZE et al.
	Art Unit	1636
	Examiner Name	Q. Nguyen
	Attorney Docket Number	51878AUSM1
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	BERLEX BIOSCIENCES	
Signature	<i>Wendy L. Washtien</i>	
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Date	August 1, 2005	Reg. No. 38,301

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Signature	<i>A. L. Rowe-Babb</i>
Typed or printed name	Alishia L. Rowe-Babb
Date	August 1, 2005

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